

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

			<u> </u>	<u> </u>			
Establishm	_	1	21.1.	Telephone Number Date of It			
			Chickey	-	1/2/	2 <i>0</i> 20	19-386
			mber and street, city, state, zip code)	302 274 4040	''''		
Owner	1~C).	<u>+.</u>	Non Albay, IN 47150	Purpose:	Follow-u	n Releas	se Date
Houska Owner's Ac	Entre	isus		Routine	No Topar		
				2. Follow-up	Summary of Violations:		
2124 5	stute s	<i>4.</i>	Now Albay, 12 47150	3. Complaint			
Person in C	Charge	7	1	4. Pre-Operational	$C_{NC} = R_{NC} = R_{NC}$		
	sha I			5. Temporary	rary		
Responsible	e Person's	E-ma	rei .	6, НАССР	Menu Type (See back of page) 6. HACCP		of page)
Certified Fo	and Manag	ier .		7. Other (list)	123_X_45		
			coof buting 3/2/20		1	3	_45
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R					orrected By
118	L		Observed store mobile to account score	f of CFM			
218	~~		Observed " low - boy and " reace Observed no sourtier test strips Observed pans being net stock	his earlie hook	rika / Month		
271	~/ L		Observed no continue test chine	anailable	1 mark		
304	NC		Observed some here it of the	1 (+ 2 1	1	D.V.	LAC
	7.0		Caseros pars maira mel stace	to MON WE STA		P CI/N/	r 2 Lan
··· · - ·	 						
-							
							-
				-			
ļ							
							_
Received by (name and title printed): Inspected by (name and title printed):							
							1
Received by			A	A.). Ingram (Erts) Inspected by (signature):			
(10	<i>44</i> 2%	Ni Cigarian Siring Caracteristics Control of Caracteristics Caract			
ce;			CC;		ce:	<u> </u>	